

### Withdrawal Policy

Written requests for withdrawal must be received two weeks prior to the start date of the program.

Mail your written withdrawal request to Montgomery County Recreation Department, Attention: Refund Request, 4010 Randolph Road, Silver Spring, MD 20902; or fax to 240-777-6915; or email to [rec.refund@montgomerycountymd.gov](mailto:rec.refund@montgomerycountymd.gov). This request must include the team's name, payer's name, address, phone number, course number, reason for withdrawal, and specify credit or refund. All refunds will be issued to the payer in the same form (check or charge) as the payment was received. Refunds will be processed within 2-3 weeks of receipt of your written request.

Mail or deliver to:

(Appropriate League name) Volleyball  
Montgomery County Dept. of Recreation  
4010 Randolph Road  
Silver Spring, MD 20902

### REGISTRATION DEADLINE FRIDAY, MARCH 31, 2006

League play begins week of April 29, 2006. Ends Saturday, June 10, 2006.

### FRANCHISE FEE

Non-Competitive	\$250
Competitive	\$375
Non-County/Non-Competitive	\$320
Non-County/Competitive	\$445

Kickball Leagues are a program of the

Montgomery County  
**RECREATION**  
DEPARTMENT

**SPORTS TEAM**  
Montgomery County  
Department of Recreation  
4010 Randolph Road  
Silver Spring, MD 20902  
240-777-6961

<http://montgomerycountymd.gov/rec>

# Spring 2006

# Adult Kickball Leagues

Competitive & Non-competitive



MONTGOMERY COUNTY  
Department of Recreation

## League Organization

All leagues will play a ten game season. Competitive league will include play offs. Match times rotate between the hour and all divisions will play at least two double headers if not more to complete the season.

### SCHEDULING REQUESTS

All scheduling requests must be made at the time of registration. Effort will be made to meet special requests. (Requests must be in writing.) Matches *will not* be changed after schedules have been completed.

### LOCATIONS

Field assignments are based on level of play and the availability of facilities. Games that are listed can be changed due to field or weather conditions. Only the league director can change or reschedule any games.

***Locations may change.***

#### TEAM/PLAYER ELIGIBILITY

No fewer than four teams will be accepted at any location. A player may participate on multiple teams; however, the teams must be at the same level on different nights. Sixteen is the minimum age for participation in the leagues.

Montgomery County Government is committed to complying with the Americans with Disabilities Act (ADA). If you need auxiliary aids or services (such a mainstreaming companion, ASL or cued speech interpreter, or large print) in order to participate, please call a mainstream facilitator to discuss your needs.

## Leagues

**Act. #154210 Non- Competitive**  
**Saturday 4/8/06 \$250.00**

**Farmland Local Park Field #1: 6 Slots**  
**2:00pm to 5:00pm**

**Act. #154211 Competitive**  
**Saturday 4/8/06 \$375.00**

**Capital View Local Park Field #2: 10 Slots**  
**1:00pm to 6:00pm**

**Act. #154212 Non- Competitive**  
**Saturday 4/8/06 \$250.00**

**Dennis Ave Elm/Med Center Field #2: 10 Slots**  
**9:00am to 2:00pm**

**Act. #154213 Competitive**  
**Thursday 4/13/06**

**\$375.00**  
**Wheaton Woods Elementary Field #2: 6 Slots**  
**5:00pm to 8:00pm**

**Act. #154214 Non- Competitive**  
**Saturday 4/8/06 \$250.00**

**Nethesda Elementary Field #2: 4 Slots**  
**12:00pm to 2:00pm**

## Registration Information

### Ways to Register

#### Mail or drop off

Montgomery County Recreation Department  
Attention: Michael Braxton, Sports Team  
4010 Randolph Road  
Silver Spring, MD 20902-1099

### Registration Confirmation

Confirmations will be mailed as registrations are processed. If you do not receive your confirmation, call 240-777-6886.

### Payment Information

- 1 Full payment must be made at time of registration.
- 2 All non-county teams will have to pay an additional \$70.00 fee. You are a non-county team if 50% or more of your team are non-county residents..
- 3 Make checks and money orders payable to MCRD. Checks and money orders must include name, address, home and work telephone numbers, driver's license number, and participant's full name. VISA or MasterCard payments are accepted. Registration form must include correct credit card number, expiration date, authorized signature, and authorized amount.
- 4 The Department of Recreation reserves the right to pursue all available options to collect any funds owed as a result of a dishonored check or credit card, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt.

If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

# Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER/SPONSOR: Name \_\_\_\_\_ Signature on check \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

MANAGER: Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

ASSIST. MANAGER: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Team Name	League	Category	Division	Day	Level	Course #	Fees*

Team Name/Record: \_\_\_\_\_

Special Request: \_\_\_\_\_

Total Amount Due: \$

☐ Check or Money Order payable to MCRD, Attn: Sports, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CARDHOLDER: Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If paying by credit card, you may **fax** your registration form to **240-777-6915**. If you need help completing this form, please call 240-777-6961.

**\*Registrations will not be accepted without full payment.** Any team wishing to register without full payment must contact the league coordinator directly.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_